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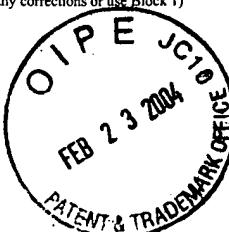
Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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000128 7590 12/12/2003

HONEYWELL INTERNATIONAL INC.  
101 COLUMBIA ROAD  
P O BOX 2245  
MORRISTOWN, NJ 07962-2245



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

*CRYSTAL L. BAKER*  
(Depositor's name)  
*Crystal L. Baker*  
(Signature)  
*February 17, 2004*  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/751,423	12/29/2000	Robert A. Morgan	1100.11114101	7851

TITLE OF INVENTION: SPATIALLY MODULATED REFLECTOR FOR AN OPTOELECTRONIC DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/12/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
WILLE, DOUGLAS A	2814		257-098000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Honeywell International Inc.*

*Morristown, NJ*

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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*2-17-04*

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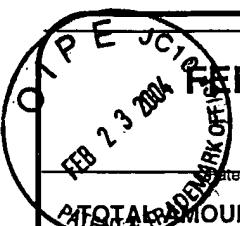
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# FEES TRANSMITTAL For FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$1,630

## COMPLETE IF KNOWN

Application No.	09/751,423
Filing Date	12/29/2000
First Named Inventor	Robert A. Morgan
Group Art Unit	2814
Examiner Name	Willie Douglas A.

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<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number	01-1125		
Deposit Account Name	Honeywell International Inc.		
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## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
1001	750	2001	375
1002	330	2002	165
Utility Filing Fee			
Design Filing Fee			
2. EXTRA CLAIM FEES			
Total Claims	-20**	Extra Claims	Fee from below
Independent Claims	- 3 =	- 0 -	x 18.00 =
Multiple Dependent Claims	- 0 -	- 0 -	x 84.00 =
			280.00 =
Fee Paid			
SUBTOTAL (2) \$ - 0 -			
**number previously paid, if greater, see above for Reissues			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) \$1,630.00			

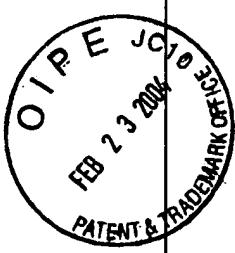
## SUBMITTED BY

Name (Print / Type)	Andrew A. Abeyta	Registration No. (Attorney/Agent)	39,582	Telephone	602-313-3345
Signature				Date	2/17/04

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Honeywell Docket No. H26549

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